



Town of Darien Newsrack Permit Application

Applicant

* Name _____
Address _____
Phone _____
E-Mail _____

Distributor

* Name _____
Address _____
Phone _____
E-Mail _____

*Indicate name of responsible contact person

Publication Title _____

Requested Locations: Complete page 2

Hold Harmless Letter: Complete page 3

Liability Insurance:

Company Name _____

Policy Number _____

Fee: \$75.00 x _____ = _____
(Total # of Newsracks) (Total Due)

Signature

Date

Checks should be made payable to the “**Town of Darien**” and a stamped self addressed envelope should accompany your request. Please mail or return to:

Town of Darien
Department of Public Works
2 Renshaw Road
Darien, CT 06820

Location

Name: _____

Publication Title: _____

Phone/Email: _____

Establishment

(LOCATED NEAR NEWSRACK)

Address

Violations

(DPW USE)

[illegible]

Train Stations:

<u>Darien</u>	<u>#</u>
Inbound	_____
Outbound	_____

Noroton #
Inbound _____
Outbound _____

TOWN OF DARIEN

NEWSRACK DISTRIBUTOR INDEMNIFICATION AGREEMENT

WHEREAS, the Distributor has applied to the Department of Public Works for a permit to install, maintain or operate a newsrack in accordance with Darien's newsrack ordinance; and

WHEREAS, Section 2a iii of the newsrack ordinance required applicant to indemnify and hold harmless the Town of Darien;

NOW THEREFORE, for a valuable consideration, the receipt and sufficiency of which is hereby acknowledged by both the applicant and the Town of Darien, the applicant shall protect, defend, and hold the Town of Darien and their officers, agents, or employees completely harmless from and against any and all liabilities, losses, suits, claims, judgments, fines or demands arising by reason of injury or death of any person or damage to any property, including all reasonable attorneys' fees, court costs, and expert fees of any nature whatsoever arising out of or incident to the use, installation, maintenance, or operation of a newsrack within the Town or the acts or omissions of the Distributor regardless of where the injury, death, or damage may occur, unless such injury, death, or damage is caused by the sole negligence of the Town of Darien. Further, it is hereby agreed that the Town of Darien is not liable for any damage to any newsrack.

Dated at _____, Connecticut this ____ day of _____ 20__.

DISTRIBUTOR

By: _____
Its

STATE OF CONNECTICUT
COUNTY OF

On this the ____ day of _____ 20__, personally appeared _____, aforesaid, signer and sealer of the foregoing agreement, and acknowledged the same to be his/her free act and deed and the free act and deed of said legal entity.

Commissioner of Superior Court
Notary Public
My Commission expires _____

Fees

The fees are one per newsrack and are as follows:

Fee for 3 year Permit	\$75.00
Fine for Violations	\$200.00
Other charges: removal/storage/disposal fee for up to a 3 month period, after that time newsrack will be discarded	\$50.00/month

Liability Insurance amounts and conditions:

\$1,000,000 comprehensive general liability insurance &
a certificate of insurance naming the Town of Darien as an
additional insured.